with a programme of planned exercises, occupational therapy, and organized games all directed towards the prevention of the disability with which he is threatened. As a result, barely a week passes without the transfer to rehabilitation centres of the same dreary list of the products of excessive immobilization—stiff backs, painful wrists and shoulders, flexion deformity of knees, and that most ungainly progeny of fractured tibia out of persistent plaster—namely, "plaster equinus."

The danger inherent in the advocacy of separate rehabilitation centres at this present stage, apart from the undue drain on medical man-power, is the suggestion—implicit, if not actual—that such centres should relieve the hospitals of the essential task of setting up such an organization themselves and of starting the work of rehabilitation within a few days of a patient's injury or surgical operation. As to the bogy of hospitalization, nobody who has watched the changed outlook of orthopaedic patients in hospital after the introduction of a full programme of modern rehabilitation need have any fears on that score. It is not without significance that the E.M.S. has set up its own rehabilitation departments, not in isolated centres of post-hospital activity, but as an integral part of the fracture A departments and orthopaedic centres of the emergency hospitals themselves.—I am, etc.,

Pinderfields Emergency Hospital. HAROLD BALME.

Breast-feeding

SIR,—I have read with concern the letter of Dr. J. Gordon Mathias (Oct. 17, p. 465) regarding breast-feeding. It is such a dispassionate attitude of mind on the part of the family practitioner towards the subject that in many cases undermines the whole structure, both physical and psychological, upon which the success of breast-feeding is built.

I would recall the article by Prof. Charles McNeil (April 4, p. 429) in which he discusses the reasons why the infant mortality rate in this country compares unfavourably with a number of other countries. After reading his carefully considered conclusions one is left with the definite impression that this unfortunate state of affairs finds origin largely in the ignorance of the care of infants by many practitioners. How often during routine ante-natal examination is the question asked: "Do you intend to breast-feed this baby?" Does not this show a wrong mental attitude on the part of the practitioner, immediately conveying a sense of doubt to the mother, thus starting a trend which the practitioner, purely as the result of his dispassionate state of mind, is so often unable to stop.

My impression in this district is that breast-feeding has increased following a better understanding which is largely the result of the national propaganda on the subject.—I am, etc.,

Tenterden. THOS. H. E. TAYOR-JONES.

SIR,—In a letter inspired by Prof. Charles McNeil's comprehensive article Dr. E. G. Housden (Oct. 10, p. 439) raises some interesting points. He says that the most difficult and dangerous period for mother and child in the effort to breast-feed is the four weeks succeeding the return from hospital or the departure of the doctor and/or midwife. With this none would disagree, but it is at this point that continuity of supervision is ensured by the arrival of the health visitor. She pays her first visit before the baby is two weeks old; she can revisit as often as may be necessary. If the mother is up and able to attend the clinic the health visitor may call between the weekly clinic visits if the mother is in difficulties.

While for the sake of order and coherence a clinic serving a large area prefers that patients should attend on the day for their own district, no anxious and harassed mother would be deterred from seeking advice if she reappeared before her visit was due. Although some mothers do come to the clinic to purchase artificial foods cheaply and to exchange chatty gossip, the aim of the clinic is child welfare, and we deplore Dr. Housden's impression that individual attention is impossible. The teaching and encouragement of breast-feeding are a most important aspect of infant welfare, and without individual attention carry little weight. The criterion of success is not number but the efficiency of the service rendered.

Even so, all child welfare workers must be appalled by the small preparation of mothers who breast-feed their babies. When every factor has been considered and every aspect dealt with, the breast milk still diminishes. Almost all protest their willingness to breast-feed, but between desire and determination a great gulf seems to be fixed. Is the female physiological make-up changing, or are endocrine glands becoming less adequate, or should we reverse the "March of Time"?—I am, etc.,

Glasgow. MARGARET ISABEL MCGILL.

SIR,—Letters on this subject are making their appearance again, but surely the mortality rate, which few people seem to consider, is as worthy of consideration as the morbidity, which appears to be an obsession with most. Speaking of infantile diarrhoea, Holt says: "Of 1,943 fatal cases only 3% were breast-fed."—I am, etc.,

Wallington, Surrey. C. R. NUNAN.

"Constipation" in Breast-fed Babies

SIR,—Your correspondents might be interested in an article that was recently brought to my notice by Dr. S. K. Kon of the National Institute for Research in Dairying. It was published by F. W. Clements in the *Medical Journal of Australia* (Jan. 3, 1942, p. 12) and entitled "The Symptoms of Partial Vitamin B_1 Deficiency in Breast-fed Infants." He showed that partial vitamin B_1 deficiency in the food of breast-fed infants led to constipation, which could be cured by the administration of vitamin B_1 either to the infant or to the mother. Failure to gain in weight at a normal rate and vomiting were other symptoms of vitamin B_1 deficiency in breast-fed infants. The effect of administration by the mouth of 500 international units of synthetic vitamin B_1 per day was seen in a week and cure was generally effected within a fortnight. If this response was not obtained it was highly improbable that vitamin B_1 deficiency was the only cause of the symptoms. Dr. Margaret Price (*Journal*, 1940, **2**, 80) has also shown the beneficial effect of vitamin B_1 absorbate upon the weight and length of infants attending a welfare centre in this country.—I am, etc.,

London. W. C. W. NIXON.

Sedimentation Rate and the Sedimentin Index

SIR,—The letters following my paper on the sedimentation rate and the sedimentin index prompt me to reply to some of the points raised.

I wish to express my thanks to "Rural Practitioner" (Oct. 24, p. 497) for having put so aptly into words what I felt after reading the letters of Dr. P. W. Edwards and Mr. L. J. Cutbill and Dr. A. Clark Penman (Sept. 26, p. 379). I should like to raise only one criticism. I do not think that a sedimentation rate carried out on the shaky floor of a moving car could be regarded the same as under "standard" conditions. It is true that we know very little about the laws governing the falling of particles in a standing or alternatively moving environment: I have only observed the samples of blood conveyed after collection to the laboratory, and the bottles from the blood bank taken by car to the bedside of a patient who needs a transfusion in his home.

Dr. G. Day (Sept. 26, p. 379) seems to consider sedimentin as something contained in the plasma and to be looked upon as a constituent of it of the same rank as chlorides, sugar, calcium, etc. This is still to be proved; sedimentin may be a function correlated to the plasma and comparable to the complement or to the α and β isoagglutinins. Be it as it may, I think correction for anaemia to be essential, and am inclined to agree with Dr. Day's second hypothesis that the lowered cell volume is made good by replacement with whole plasma. Cases of pernicious anaemia in relapse show an uncorrected sedimentin index well above 2.0 units, but falling within normal limits on correction; after a few weeks' treatment, when the blood count is normal also, the index is found normal. On the other hand, patients with fractures continue to present a very high sedimentation rate for long periods after the injury. I cannot also understand why Dr. Day considers that indices below 0.5 unit do not make sense; I have observed these more than once, usually in people with normal corpuscular volume who were investigated in the hospital for some condition eventually labelled "hysteria" or "anxiety neurosis." Such symptoms as the patients presented could not have been ascribed to lack of sedimentin.

As for the use of blood diluted with citrate solution, I feel that all estimations should be done on samples with as little interference or dilution as possible. If blood were diluted with citrate solution before estimating the urea or sugar, it would be necessary to correct for the dilution. Why treat the sedimentin differently? Also why does oxalated blood give figures 25% higher than citrated blood? If it is for the dilution 4 parts of blood to 1 part of citrate the figures ought to be 20% higher. If it is for the slowing down due to the sodium citrate the experiments of Ham and Curtis (*Medicine*, 1938, **17**, 447) show retardations of from 33 to 46%.

To conclude, I think that the comprehension of the nature of sedimentin would be facilitated by using a common and standard technique, no matter which technique be chosen; it seems to me obvious that the reading of the M.V. is the figure subject to least vagaries. If the haemoglobin instead of being referred to as percentage were reported in one case as grammes of haemoglobin and in another as mg. of iron per 100 c.cm. of blood, confusion would inevitably occur. This is now happening in the case of sedimentin and sedimentation rate. —I am, etc.,

Wolverhampton. B. L. DELLA VIDA.

SIR,—A more careful reading of our letters (Sept. 26, p. 379) would have saved "Rural Practitioner" (Oct. 24, p. 497) the trouble of refuting something we neither said nor implied. We are not averse from tedious and complicated tests providing the results are constant and reliable. Complexity is no absolute criterion of value. On experimental evidence alone we challenge the extravagant claims made for Day's sedimentin index as performed by "Rural Practitioner," who appears to be a close collaborator if not a near blood relation of Dr. Day.

The inconstant effect of temperature on the E.S.R. is shown by these few examples drawn from a large number of duplicate experiments:

Case	M.V. at 65° F.	M.V.	Temperature
(1) E. N.	92	116	53° F.
(2) D. T.	46	32	50° F.
(3) S. T.	10	4·5	50° F.
(4) J. B.	84·5	75	50° F.

Reduction of temperature of the test usually results in the slowing of the E.S.R., but occasionally in rapidly sedimenting bloods the reverse occurs, so one of these has been included in the examples. The discrepancies are not constant, and in No. 3 it is over 50%.

This ignoring of temperature and also perpendicularity of the column of blood when carried out in a motor car—only two of many variable factors influencing E.S.R.—indicates the value which can be put on the small fluctuations of the sedimentin index claimed to be so significant by Dr. Day and/or "Rural Practitioner." Given a standard technique, reliable and consistent results can be obtained by almost any method of estimating E.S.R. The Westergren remains after over 20 years as good as any method and better and simpler than some.

Our protest still stands against the over-elaboration of a useful test and the fallacious and unscientific appraisal of clinical changes on variations considerably less than the experimental error of the method employed.—We are, etc.,

PETER W. EDWARDS.
A. CLARK PENMAN.
Cheshire Joint Sanatorium, Market Drayton. LESLIE J. CUTBILL.

Splenectomy in Purpura Haemorrhagica

SIR,—I was very interested in the discussion on splenectomy in purpura haemorrhagica, and ask for permission to add something to it. I believe I have had the longest experience of this operation, and, like a mother naturally follows the ways of her child, I watched its development especially closely since my first cases in Prague. I saw two of the three cases described in my first papers for the last time shortly before I had to leave Prague into exile 3½ years ago, and the third one some years before that. They were all completely free from symptoms and signs of the disease which they had suffered from for many years and which had brought them into constant danger to life. The literature is very great, mostly in America. Dr. Bruce Williamson (Oct. 3, p. 407), who changed his original opinion so profoundly, will not easily find a companion, although there are similar voices (perhaps not quite so definite). The essence of all experience laid down in the medical literature of the whole world is, as Prof. L. J. Witts writes (Oct. 17, p. 466), that the value of splenectomy in purpura haemorrhagica is now a matter of orthodox therapeutics, with *one* condition: that the diagnosis is established beyond doubt by a competent haematologist. And this condition I believe is certainly easily fulfilled in your country.—I am, etc.,

Halifax General Hospital. PAUL KAZNELSON.

The Future of the Profession

SIR,—I belong to that large group of doctors who think it matters little whether the profession becomes a State service or not. What does matter is whether doctors are to be provided with such conditions of life and work that honest and good medical work can be done, and an efficient comprehensive service provided for the community.

It seems to be generally agreed: (1) that present conditions and the present services are defective; (2) that some changes are required; and (3) that those changes should be either towards a State service or towards a radical modification of the existing services. Accepting whole-heartedly the need for change, I think the root problem involved in choosing between the proposed alternatives is bound up in the word "planning."

1. What do we mean when we use that word? Do we mean a rigidly structured professional society in which every individual is given (by authority, I suppose) his exact place and prescribed function? Or do we mean what the biologists would call a patterned professional society? The difference of aim involved in the words "plan" and "pattern" is vital to every organized democracy. In a planned State service a formal rigidity must tend to destroy initiative; in a patterned State service the required regularity and discipline must be attained and preserved. I implore all doctors to consider once again whether their thinking is governed by a philosophy suitable for chemical atoms or by a biological philosophy suitable to human beings (Haldane, J. S., *Philosophical Basis of Biology*).

2. My second question is, What do we mean when we argue about the importance of the right to choose doctor or patient? Who cares what patients are allocated to him provided he can get rid of those he cannot succeed in treating? Who cares what doctor he is sent to provided he can make a change if need arises? Let us keep the real point clearly before us. It is the "right to change," not the "right to choose." Free movement of units is always possible in a patterned society, never in a planned one (*vide* wartime industrial and professional life).

3. We should ask how we can avoid the real dangers of making medicine an "established profession" in which a sterile orthodoxy stifles initiative. Shall we have room within our new services for the really unorthodox doctor? If not, a new "medical Luther" will soon arise, and side by side with "established medicine" will grow up a protestant and nonconformist medicine! If our planners hate vested interests, let them take heed lest they create them. Once again, the root problem is philosophical, of that I am persuaded.

Lastly, we are told (*a*) that the reform of the profession is urgent and should be dealt with now, and (*b*) that no significant change can take place for a long time, and anyhow nothing should be done until the end of the war. Surely the great question should be, What can we personally do, first, to resist static planning, and, secondly, to promote a true patterning of the profession?—I am, etc.,

Worcester. HOWARD E. COLLIER.

Safe Milk

SIR,—Your advocacy of pasteurization is well known, so it is a pity that little appears in the *Journal* about the progress made towards a better solution of the problem of safe milk.

Your leader on bovine tuberculosis (Sept. 26, p. 571) gives very little idea of the range of the discussion on the control of cattle disease reported in the *Proceedings of the Royal Society of Medicine* (May, 1942). From what was said during the discussion it is quite evident that the eradication of bovine tuberculosis in this country is within our reach. In the United States,